**FACILITY INFORMATION** 

**Facility Name:** Siouxland Contracting (TA)

**Contact Name:** John Eriksen

Address: 2529 PoRoute Neal Industrial Road

City: Sergeant Bluff

State: IA

**Zip:** 51054

**Phone:** (402)426-3119

**OWNER INFORMATION** 

**Company Name:** Siouxland Contracting

Contact Name: John Eriksen

Address: 2546 South Highway 30

City: Blair

State: NE

**Zip:** 68008

**Phone:** (402)426-311

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY	
6049	11	TA	T87N, R47W,	Section 19,	NE,SE	3	Woodbury, IA	

MAR 1 4 1988

February 8,	1988	
Date		TIME.

## EPA CLASS V INJECTION WELL INVENTORY PHONE CALL INFORMATION VERIFICATION RECORD

Name: <u>Dahlen Transport, Inc.</u> Address: <u>Port Neal Rd:-Ind.Dist.</u>
City/State/Zip Code:Sergeant Bluff, IA 51054
Phone (Area Code & Number): 612/459-3344
County: <u>Woodbury</u> Township Sgt Bluff Luton-Liberty - 🔀
What type of disposal system(s) are you using?
1. City Sewer System
2. Septic, sanitary waste only $\left \frac{X}{X}\right $ Combined sanitary & floor dra
3. Dry Wells (Shallow Hole with no outlets)
4. Drainage Well
5. Heat Pump Wells
6. Other: Has trap & pond for floor drain
Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.  Comments: Terminal Transports Mainly Lard
Legal description: ¼ SectionSectionTownshipRangeX
IRREG TCT IN NE CORNER BEING 533.16 FT X 418.50 FT X 524.05 FT X 417 FT
NE SE 19-87-47
Signature (Owner/Operator)  Date
rightenic (onner/operator) Date

**FACILITY INFORMATION** 

Facility Name: Sioux City Wilbert Vault Company

Contact Name: Mike Byroad

**Address:** 3025 Humbolt Avenue

City: Sioux City

State: IA

**Zip:** 51111

**Phone:** (712)258-7541

**OWNER INFORMATION** 

Company Name: William Wilbert Vault Works

**Contact Name:** John Williams

Address: P.O. Box 35245

City: Des Moines

State: IA

**Zip:** 50315

**Phone:** (515)244-756

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY
6281	11	AC	T88N, R47W,	Section 30,	NW,NW	3	Woodbury, IA

M	JUN 29 198
31	M. Wilbert Vault Co. 420 S. W. 9 # St. June 22, 1988 P. Box 35245
ATT	Moines, Ia- EPA CLASS V INJECTION WELL INVENTORY Williams MONE CALL INFORMATION VEHI INATION DECORD
	Hamp: Sioux City Wilbert VaulfAddings: I-29. S., RoBox
	City/State/211 Coole:
	Physic (Area Code & Humber): 7/2 258 754/
	X Legal Location: A Section Section Soundhip Range
	County: Moodbury Investig Hame
	What type of disposal system(s) are you using?
	1. City Sever System [ ]
	2. Septic, sanitary waste only [ 1 ] Combined sanitary & floor dr
	3. Dry Mells (Shallow Hole with mi nutlets)
	1. Drainage Heil
	5. Heat Primp Hells [ ]
	6. Other:
	Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Even one sheet for your records.
	Comments: Please furnish Legal Location.
	S. 250 FT LYING € of W. 716.91 FT
	S. 250 FT LYING E of W. 716.91 FT F WEST of HIGHWAY NWNW 30-88-47
130 G	PARCEL NO 580785 Book 14 Pg 185.
	SGT. BLUFF - LYTON WOODBYRY CO.
,	Signature (Owner/Operator)
(	i i i i i i i i i i i i i i i i i i i
	THE DIVINE

**FACILITY INFORMATION** 

Facility Name: Nylen LTD, J. R. (TA)

**Contact Name:** Wallace Marx

Address: 2260 Andrew Avenue

City: Sergent Bluff

**State:** IA **Zip:** 51054

**Phone:** (712)252-4337

**OWNER INFORMATION** 

Company Name: Missouri Basin Construction Co.

**Contact Name:** Robert Marx

Address: 3421 Old Lakeport Road

City: Sioux City

**State:** IA **Zip:** 51106

**Phone:** (712)276-632

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION		TOTAL DEPTH	COUNTY
6282	11	TA	T87N, R48W,	Section 01,	3	Woodbury, IA
6644	32	TA	T87N, R48W,	Section 01,	3	Woodbury, IA

June 21, 1988

### EDV CTV22 A INTECTION MET THAFHIGHA

PHONE CALL INFORMATION VERTITION IN CORP
Yo John Nylen
Hamp: Nylen Ltd., J.R. Addinss: Rte. 2
City/State/21/ Coole: Sergeant Bluff, Ia. 5/054-9802
Phone (Area Code & Humber): 7/2 943 5095
Legal Location:   Section Section I inworth 87 N Range 48
County: Woodbary (193) Inwiship Hamm
What type of disposal system(s) are you using?
1. City Sever System []
2. Septic, sanitary waste only [X] Combined sanitary & floor drain [
3. Dry Wells (Shallow Hole with no outlets)
4. Drainage Rell []
5. Heat Primp Wells []
6. Other:
Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Even one sheet for your records.
Commend \$5:
z = 2
John Mylen June 24, 1988
Signature (Owner/Operator) Sune 24, 1988

**FACILITY INFORMATION** 

Facility Name: Western Iowa CO-OP

**Contact Name:** James Lake

**Address:** 1919 Highway 141

City: Sloan State: IA

**Phone:** (712)428-3331

**OWNER INFORMATION** 

Company Name: Western Iowa CO-OP

Contact Name: Jack Cronin

Address: 3330 Moville Blacktop

City: Hornick State: IA Zip: 51026

**Zip:** 51055

**Phone:** (712)874-321

**Ownership:** Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION		TOTAL DEPTH	COUNTY
6307	. 11	AC	T86N, R46W,	Section 29,	3	Woodbury, IA

**FACILITY INFORMATION** 

Facility Name: Whiskey Creek Farms

**Contact Name:** Dwight Wingert

Address: 1709 Highway 20

City: Lawton

State: IA

**Zip:** 51030

**Phone:** (712)943-5111

**OWNER INFORMATION** 

Company Name: Whiskey Creek Farms

Contact Name: Brian Peterson

**Address:** 1739 Charles Avenue

City: Lawton

State: IA

**Zip:** 51030

**Phone:** (712)943-530

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY
6340	11	AC	T88N, R47W,	Section 34,	SW	3	Woodbury, IA
7720	32	AC	T88N, R47W,	Section 34,	SW	3	Woodbury, IA

JUL 1 8 1988 June 22, 1988

### ELV CEVZZ A THRECTION RETE HAVEHIGHA

LHORE TWEE THE CHANGE AND ACTUAL LITTLE RELEASE.
46 Leroy Jones
Hame: Schaeff Namco INC, Addings: E. Hany 20- P.O. Box 1917
City/State/Zip Code: Stoux City, Ia. 51/02-1912
Phone (Area Code & Humber): 7/2 - 944 5/1/  Swyll of 89N 46W  Legal Location: Section Section 34 iownship 88N. Range 47W
county: Wood bary (193) Inviship Hamm Concord
What type of disposal system(s) are you using?
1. City Sever System [ ]
2. Septic, sanitary waste only $ X $ Combined sanitary & floor drain
3. Dry Wells (Stallow Hole with an outlets)
4. Drainage Well []
5. Heat Primp Wells
6. Other:
Please check and verify that the previously-provided Information is
correct (if not, correct or add appropriate information). Sign below,
and return this sheet in the enclosed envelope. Even one sheet for your records.
Comments:
Transfer 16.3.
Standard Owner Owner at no 1
Signature (Owner/Operator) Water

### **FACILITY INFORMATION**

Facility Name: Stockmens, Inc. (TA)

**Contact Name:** Gary Henry

Address: 1658 Highway 20

City: Lawton

State: IA

**Zip:** 51030

**Phone:** (712)274-1506

#### **OWNER INFORMATION**

Company Name: Stockmens, Inc.

**Contact Name:** Gary Henry

Address: 1658 Highway 20

City: Lawton

State: IA

**Zip:** 51030

**Phone:** (712)274-150

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION		TOTAL DEPTH	COUNTY
6696	32	TA	T88N, R47W,	Section 02,	3	Woodbury, IA

Sept. 27 1988

### EPA CLASS V INJECTION WELL INVENTORY

	OCT 4 1988
Se gard	Sept. 27. 1988
20 800	EPA CLASS V INJECTION WELL INVENTORY
D D	PHONE CALL INFORMATION VERIFICATION RECORD
	Go Gary Henry P.O.Box / Hame: Stockmens INC. Address: 223 Cedar St
	City/State/Zip Code: Lawton, Ia. 5/030-000/
	Phone (Area Code & Humber): 7/2-274-1506
	Legal Location:   Section Section 02 Township 88N Range 47W
	County: Woodbury (193) Township Hamme Banner
	What type of disposal system(s) are you using?
	1. City Sewer System
	2. Septic, sanitary waste only   Combined sanitary & floor drain
	3. Dry Wells (Shallow Hole with no outlets)
	4. Drainage Well
	5. Heat Pump Wells
	6. Other:
	Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.
	Comments:
	Day Leny Sept. 30, 1988

**FACILITY INFORMATION** 

Facility Name: Roger's I-29 Auto

**Contact Name:** Roger VanBeek

Address: 1562 275th Street

City: Salix

State: IA

**Zip:** 51052

**Phone:** (712)946-7192

**OWNER INFORMATION** 

Company Name: Roger's I-29 Auto

**Contact Name:** Guy Hopkins

Address: 1530 280th Street

City: Salix

State: IA

**Zip:** 51052

**Phone:** (712)946-548

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY	
6200	11	AC	T87N, R47W,	Section 34,	NW SE	3	Woodbury, IA	

June 21, 1988

### EPA CLASS V HIJECTION WELL INVENTORY

PHONE CALL INFORMATION VENTIFICATION IN CORD

City/State/lip Code: Salix, Ia. 51052-980/ Phone (Area Code & Humber): 7/2 944 5488  Legal Location:   Section NWSE Section 34 inweship 87 Range 47  County: Woodbury (193) Inweship Hame Lebesty  What type of disposal system(s) are you using?  1. City Sever System	Yo Guy HopKINS
Phone (Area Code & Humber): 7/2 946 5488  Legal Location:   Section NWSESection 34 inwaship 87 Range 47  County:   Wardbury (193)   Inwaship Hame 18 Legaly  What type of disposal system(s) are you using?  1. City Sever System	Hamp: H&H Welding & Machine, INC. Millions: R. R. J.
Legal Location:   Section NWSE Section 34 inwaship 87 Range 47  County:   Waddbury (193)   Inwaship Hame   12 besty    What type of disposal system(s) are you using?  1. City Sever System	City/State/21/1 Code: Sa/1x, Ia. 5/052-980/
What type of disposal system(s) are you using?  1. City Sever System     2. Septic, sanitary waste only   X   Combined sanitary A floor dra  3. Dry Wells (Shallow Hole with no nutlets)     4. Drainage Rell     5. Heat Pump Wells     6. Other:  Please check and verify that the previously-provided information is correct (If not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Evep one sheet for your records.	Phone (Area Code & Humber): 7/2 944 5488
What type of disposal system(s) are you using?  1. City Sever System []  2. Septic, sanitary waste only [ *] Combined sanitary & floor dra  3. Dry Wells (Shallow Hole with no outlets) []  4. Drainage Rell []  5. Heat Pump Wells []  6. Other:  Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Even one sheet for your records.	Legal Location:   Section NWSESection 34 inwortin 87 Range 47
What type of disposal system(s) are you using?  1. City Sever System []  2. Septic, sanitary waste only [ *] Combined sanitary & floor dra  3. Dry Wells (Shallow Hole with no outlets) []  4. Drainage Rell []  5. Heat Pump Wells []  6. Other:  Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Even one sheet for your records.	County: Wardbury (193) Investig Hame Liberty
2. Septic, sanitary waste only   X   Combined sanitary & floor dra  3. Dry Wells (Shallow Hole with no outlets)    4. Drainage Well     5. Heat Pump Wells     6. Other:  Please check and verify that the previously-provided information is correct (If not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Even one sheet for your records.	
3. Dry Wells (Shallow Hole with no outlets)  4. Drainage Well []  5. Heat Pump Wells []  6. Other:  Please check and verify that the previously-provided information is correct (If not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Every one sheet for your records.	1. City Sever System []
4. Drainage Rell  5. Heat Pump Wells    6. Other:  Please check and verify that the previously-provided information is correct (If not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Reep one sheet for your records.	2. Septic, sanitary waste only $ \chi_{\perp} $ Combined sanitary A floor dra
5. Heat Pump Wells [	3. Dry Malls (Shallow Hole with mu nutlets)
Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Even one sheet for your records.	A. Drainage Rell
Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Reep one sheet for your records.	5. Heat Primp Wells 1
Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Reep one sheet for your records.	6. Other:
(,nmme ri \ s:	correct (If not, correct or add appropriate information). Sign below, and refurn this sheet in the enclosed envelope. Reep one sheet for your
	Comment 5:
Signature (Owner/Orieration)	Signature (Owner/Orerator)

**FACILITY INFORMATION** 

Facility Name: Williams Pipeline Company

Contact Name: Patti L. Schnigle

Address: 41St. & 75 Highway

City: Sioux City

State: IA

**Zip:** 51108

**Phone:** (918)588-3381

**OWNER INFORMATION** 

**Company Name:** Williams Pipeline Company

Contact Name: John K. Long

Address: Old Highway 63 South

City: Waterloo

State: IA

**Zip:** 50701

Phone: (319)988-326

Ownership: Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015** 

WELL CLASS OPERATION LOCATION
NUMBER STATUS

TOTAL COUNTY
DEPTH

6613 11 AC

T89N, R47W, Section 11, SE

3 Woodbury, IA

April	4, 1988
1)	ate

### EPA CLASS V INJECTION WELL INVENTORY

PHONE CALL	INFORMATION	VERTFICATION	RECORD

FEB 13-國

Hame: Williams Pipeline Co. Address: 41st + 75 Hiway-Box 114
City/State/Zip Code: Sioux C:ty, Ia. 5/108
Name: Williams Pipeline Co. Address: 41st + 75 Hiway-Box 114 City/State/Zip Code: Sioux C:ty, Ia. 51108  Phone (Area Code & Mumber): 918- 588- 3381
Legal Location: 1 Section SE1/4 Section 11 Township 89N Range 47W
County: Woodbury Township Hame Stoup
What type of disposal system(s) are you using?
1. City Sewer System
2. Septic, sanitary waste only Combined sanitary & floor drain
3. Dry Wells (Shallow Hole with no nutlets)
4. Drainage Well
5. Heat Pump Wells
6. Other:
Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.
Comments:
Signature (Owner/Operator)  2-6-89 Date
Surgery Sources to 1 Aug.

### **FACILITY INFORMATION**

Facility Name: Munitions Storage Complex - Bldg 311

Contact Name: Lt. Col. Gary Prescott

Address: Iowa Air National Guard - 185th Fighter Wing

City: Sioux City

State: IA

**Zip:** 51111

**Phone:** (712)233-0761

#### **OWNER INFORMATION**

Company Name: Iowa Air National Guard - 185th Fighter Wing

Contact Name: Lt. Col. Gary Prescott

**Address:** 2920 Headquarters Avenue

City: Sioux City

State: IA

**Zip:** 51111

**Phone:** (712)233-076

Ownership: Federal government

WELL NUMBER		OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY
7205	29	AC	T28N, R47W,	Section 15,	NW	3	Woodbury, IA

TAS193110011

FACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)
Facility Name: Munitions Storage Complex - Bldg 311
Espility Contact: / to Col. Garn 1899 Cott
Address: 14 Air National Guard - 18515 Fighter Wing, 2920 Headquarters Afre.
City: State: 1A VZip: 3/11-1300
County: Wood pury
- (2)272-0761
EPA Identification Number(s): IAD 984566315
IDNR Identification Number(s):
WELL OWNER INFORMATION
11 MIZ-19676 TW
Name: 18 ANA Transfers Ave,
City: State: 18 Zip: 5111-1300
Phone: (117) 233-0761
WELL OPERATOR INFORMATION (If different than Owner Information)
Name:Address:
City: Zip:
INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility) Sw32?  INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility) fank with
Well Type (see attached sheet or write "Unknown"): Septic System (1000 gal. Tank Will)
PROPOSED DIACTIVE MI ARANDONED LI PLUGGED LI
A A Mondoned When?
Well Location: Township: 200 Range: 47W Section: 1/4 Section: WW
Langitudo:
Depth of Well (In Feet):
Nature of Injected Fluid(s): Slwage from vertical te
occasional washwater (nodetigents)
Has any chemical analysis been done on the injectate? YES \(\sumset \text{NO}\) \(\sumset\) (if yes please attach copies of the results)
Is there a water supply well at the facility: YES Q NO (if yes please answer the following questions)
Distance from Injection Well to Nearest Water Supply Well (In Feet):
Depth of Water Supply Well (In Feet):

### **FACILITY INFORMATION**

Facility Name: Munitions Storage Complex - Bldg 310

Contact Name: Lt. Col. Gary Prescott

Address: Iowa Air National Guard - 185th Fighter Wing

City: Sioux City

State: IA

**Zip:** 51111

**Phone:** (712)233-0761

#### **OWNER INFORMATION**

**Company Name:** IA Air National Guard - 185th

Contact Name: Lt. Col. Gary Prescott

Address: 2920 Headquarters Avenue Fighter Wing

City: Sioux City

State: IA

**Zip:** 51111

**Phone:** (712)233-076

**Ownership:** Federal government

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY
7208	29	AC	T28N, R47W,	Section 15,	NW	3	Woodbury, IA

IAS193110012

ACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)
Facility Name: Munitures Horase Complex - 6120
=acility Contact: Lt. Col. Gary Prescott Title: Base Cull Engages Aug
Address: 1A Air National about - 18545 Fighter Wing, 1920 Heart with 1200
City: State: A Zip: 3/11-1900
County: Wood burn
Phone: (712) 233-076/
EPA Identification Number(s): <u>IAD 9845 66315</u>
IDNR Identification Number(s):
WELL OWNER INFORMATION
Name: 1A ANG-1855 PW
Address: 7970 Headquarters Are.
City: Sione City State: A Zip: 5/11/-1300
Phone: 612) 233-0761
WELL QPERATOR INFORMATION (If different than Owner Information)
Name:
Address: N/B
City: State: Zip:
Phone:
F4127.
Well Type (see attached sheet or write "Unknown"): Slotic System (1000 gal. fank and Z
Well Status: PROPOSED ACTIVE ABANDONED PLUGGED
Approximate Date Installed: Approximate Date Installed:
Well Location: Township: 200 Range: 47W Section: 1/4 Section: NW
Well Location: Township: VOTV Range: 27100 Gection: 19 114 Geodesis: 10 11
Depth of Well (In Feet): 3 Injection Formation: Swissinfactors with Sandgravelagger
1 Cost com a
accide the same of the same of
occasional washwater from mgn fragsure washing
mo assigni).
Has any chemical analysis been done on the injectate? YES \(\superigrapsilon\) NO \(\superigrapsilon\) (if yes please attach copies of the results)
Is there a water supply well at the facility: YES Q NO (if yes please answer the following questions)
Distance from Injection Well to Nearest Water Supply Well (In Feet):
Depth of Water Supply Well (In Feet):

### **FACILITY INFORMATION**

Facility Name: Twenty Seven Flags

Contact Name: Terry L. Johnson

Address: 2299 Alicia Avenue

City: Sergeant Bluff

State: IA

**Zip:** 51054

**Phone:** (712)943-2299

#### **OWNER INFORMATION**

**Company Name:** Twenty Seven Flags

Contact Name: Terry L. Johnson

Address: 2407 Seneca Way

City: Sioux City

State: IA

**Zip:** 51104

**Phone:** (712)239-483

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCAT	ION		TOTAL DEPTH	COUNTY
7236	29	AC	, R87,	Section 01,	SW	3	Woodbury, IA

JAS193110013

FACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)							
Facility Name: Twenty - Seven F/AS.							
Facility Contact: TERNY L. JOHNSON Title: QUNER/MALAGO							
Address: 2299 alicia ave.  City: Lat Bluff Jowa State: IOWA Zip: 5/054							
County: 1000 Rhung Phone: 7/2-1943-2299							
Number of Employee's (full and part/time):							
EPA Identification Number(s):							
IDNR Identification Number(s): 17688							
FACILITY OWNER INFORMATION (If different than Facility Information)							
Name: TERRY L. JOHNED							
Address: 540 Sevech any							
City: State: Town Zip: 5/10 9							
Phone:							
INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility)							
Well Type: CESSPOOL O DRAINAGE WELL O DRY WELL O HEAT PUMP RETURN FLOW WELL O							
SEPTIC SYSTEM (tank size in gallons: 1000)							
OTHER 🗆 (please describe:)							
Well Status: PROPOSED ☐ ACTIVE ☐ ABANDONED ☐ PLUGGED ☐							
Approximate Date Installed: 10/96 If Plugged or Abandoned, When?							
Well Location: Township: Livest Range: 89 Section: 1/4 Section: 5W							
Latitude: Longitude:							
Depth of Well (In Feet): Injection Formation:							
Nature of Injected Fluid(s):							
Has any chemical analysis been done on the injectate? YES \(\sigma\) NOV (if yes please attach copies of the results)							
FACILITY WATER SUPPLY							
Municipal / Public / Rural: YES \( \overline{O} \) NO \( \overline{O} \) Private: YES \( \overline{N} \) NO \( \overline{O} \) (if yes, answer the following questions)							
Is the water supply well at the facility used for human consumption: YES \(\sigma\) NO							
Is the well protected with a backflow prevention device: YES NO 🗆							
Signature: 1/28/98							
Owner Operator							

### **FACILITY INFORMATION**

**Facility Name:** Terra Nitrogen **Contact Name:** R. L. McIntosh

Address: 1182 260th Street

City: Sergeant Bluff

**Phone:** (712)943-5501

#### **OWNER INFORMATION**

**Company Name:** Terra Industries

**Contact Name:** Unknown

Address: 600 4th Street

City: Sioux City State: IA Zip: 51101

State: IA

**Zip:** 51154

**Phone:** (712)277-134

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY
7276	11	AC	T87N, R48W,	Section 24,	SW	4	Woodbury, IA
7277	11	AC	T87N, R48W,	Section 24,	SW	5	Woodbury, IA
7278	11	AC	T87N, R48W,	Section 24,	SW	, 5	Woodbury, IA

Mound System Permit No. 95-393-S

IAS193110014

FACILITY INFORMATION (Complete a separate for	in for each Facility that has an inje	Cuon wen
Facility Name: _Terra Nitrogen		
Facility Contact: R. L. McIntosh	Title: Environm	<u>ental Coordin</u> ator
Address: 1182 260th Street		
City: Sergeant Bluff	State: <u>Iowa</u>	Zip:51054
County: Woodbury	Phone: (712) 943-5501	_
Number of Employee's (full and part time): 120		
EPA Identification Number(s):IAD022314496		E 1 8 1
IDNR Identification Number(s): 009700104		
FACILITY OWNER INFORMATION (If different than	Facility Information)	
Name: Terra Industries		
Address: 600 4th Street	,	
City: Sioux City	State:Iowa	Zip:51101
Phone: (712) 277-1340		
INJECTION WELL INFORMATION (Complete this s	section for each Injection Well at F	acility)
Well Type: CESSPOOL DRAINAGE WELL DE		
SEPTIC SYSTEM (tank size in gallons: 9724		WITEOW WELL G
OTHER (please describe:		/
Approximate Date Installed: Oct 95 If Plugged o		
Well Location: Township: 87 North Range: 48		on: SW
Latitude: 042°20'10" Long		
Depth of Well (In Feet): 4 Injection Fe		layers
Nature of Injected Fluid(s): Sanitary wastes		-
Nature of injected Fluid(s).		
		18 B
Has any chemical analysis been done on the injecta results)	ate? YES NO (if yes please	attach copies of the
FACILITY WATER SUPPLY		
Municipal / Public / Rural: YES NO Private	: YES 🗆 NO 🖫 (if yes, answer the	e following questions)
Is the water supply well at the facility used for huma	un consumption: YES 🗆 NO 🚨	
Is the well protected with a backflow prevention dev	rice: YES 🗆 NO 🗅	
Signature: The Ellips	Date: _ 7/15/58	
Owner Operator Plant Manager		

FACILITY INFORMATION (Complete a separate	form for each Facility that has an Inje	ction Well)
Facility Name: Terra Nitrogen		
Facility Contact: R. L. McIntosh	Title: Environm	ental Coordinato
Address: 1182 260th Street		
City: Sergeant Bluff	State:Iowa	Zip: <u>51054</u>
County: Woodbury	Phone: <u>(712)</u> 943–5501	
Number of Employee's (full and part time): 120	_	v a
EPA Identification Number(s):IAD022314496	5	
IDNR Identification Number(s): 009700104		
FACILITY OWNER INFORMATION (If different to	han Facility Information)	
Name: Terra Industries		
Address: 600 4th Street		
City: Sioux City	State: Iowa	Zip: <u>51101</u>
Phone: (712) 277-1340		
INJECTION WELL INFORMATION (Complete th	his section for each Injection Well at F	acility)
Well Type: CESSPOOL DRAINAGE WELL D		
SEPTIC SYSTEM (ank size in gallons: unkr		
OTHER Q (please describe:		1
Well Status: PROPOSED Q ACTIVE & ABAND		/
Approximate Date Installed: 1966 If Plugge		
Well Location: Township: 87 North Range:		on: SW
Latitude: 042°20'10" L		Jiii
Depth of Well (In Feet): 5 Injection		layers
Nature of Injected Fluid(s): Sanitary Waste	· · · · · · · · · · · · · · · · · · ·	
radial of injected had of.		
1 Part of the Control	0.000	
Has any chemical analysis been done on the injuresults)	ectate? YES D NO 🖾 (if yes please	attach copies of the
FACILITY WATER SUPPLY		
Municipal / Public / Rural: YES NO Priv	vate: YES 🗆 NO 🚨 (if yes, answer the	following questions)
Is the water supply well at the facility used for hu	uman consumption: YES 🔾 NO 🔾	
Is the well protected with a backflow prevention		
is the well protected with a backnow prevention	GAICS. LEO THO T	
Signature: True Eller Owner Operator Plant Mo	Date: 7/15/98	
Owner Operator D Plant Mo	anax	

FACILITY INFOHMATION (Complete a separate for	m for each Facility that has an injection	weii)
Facility Name: Terra Nitrogen		
Facility Contact: R. L. McIntosh	Title: Environment:	al Coordinato
Address: 1182 260th Street		
City: Sergeant Bluff	State: Iowa Z	ip: <u>51054</u>
County: Woodbury	Phone: (712) 943-5501	8
Number of Employee's (full and part time): 120	11 34	- 80
EPA Identification Number(s): IAD022314496		
IDNR Identification Number(s): 009700104		
FACILITY OWNER INFORMATION (If different than	Pacility Information)	
Name: Terra Industries	Trading mornatory	
Address: 600 4th Street	•	
City: Sioux City	State: Iowa Z	Zip: 51101
Phone: (712) 277-1340	otato.	-ip:
		<b>-</b>
INJECTION WELL INFORMATION (Complete this	section for each Injection Well at Facilit	<b>y</b> )
Well Type: CESSPOOL Q DRAINAGE WELL Q DI	RY WELL O HEAT PUMP RETURN FI	LOW WELL []
SEPTIC SYSTEM (tank size in gallons: unknow	<u>n</u> )	
OTHER (please describe:	44.	)
Well Status: PROPOSED ☐ ACTIVE ☑ ABANDON	NED Q PLUGGED Q	
Approximate Date Installed: 1966 If Plugged of	or Abandoned, When?	
Well Location: Township: 87 North Range: 48	West Section: 24 1/4 Section:	SW
Latitude: 042°20'10" Long	gitude: 096°22'40"	
Depth of Well (In Feet): 5 Injection F	ormation: Sand with no clay 1	ayers
Nature of Injected Fluid(s): Sanitary wastes		
		•
		:
Has any chemical analysis been done on the injectoresults)	ate? YES O NO  (if yes please atta	ch copies of the
FACILITY WATER SUPPLY		
Municipal / Public / Rural: YES ☑ NO ☐ Private	e: YES O NO 🗹 (if yes, answer the folk	owing questions)
Is the water supply well at the facility used for huma	an consumption: YES Q NO Q	
Is the well protected with a backflow prevention de	vice: YES \( \text{NO } \text{V}	
Signature: Trud EULTP Owner Operator (A) Plant Ma	Date: 7/15/98	

**FACILITY INFORMATION** 

Facility Name: Farmland Industries, Inc.

Contact Name: Loy Bakken

**Address:** 2735 PoRoute Neal Circle

City: Sergeant Bluff

State: IA Zi

**Zip:** 51054

**Phone:** (712)943-5624

**OWNER INFORMATION** 

Company Name: Farmland Industries, Inc.

**Contact Name:** Harvey Spangler

Address: Highway 20

City: Fort Dodge

State: IA

**Zip:** 50501

**Phone:** (515)543-436

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION		TOTAL DEPTH	COUNTY	
7284	11	AC	T87N, R47,	Section 31,	10	Woodbury, IA	

## JAS 193110015

# SEPTIC SYSTEM INFORMATION VERIFICATION RECORD for EPA-REGION VII

FARMLAND INDUSTRIES

Facility Name: Farmland Industries, Inc.	
Facility Contact: Loy L. Bakken Title: T	erminal Supt
Address: 2735 Port Neal Circle	
City: Sergeant Bluff State: Iowa Z	ip: 51054
County: Woodbury Phone: 712-943-5624	
Number of Employees (Full and part time): 6 Number of visitor	s (Average per day): 26
EPA Identification Number(s): IADO 72916265	
IDNR Identification Number(s): IAD072916265	
FACILITY OWNER INFORMATION (If different than Facility Information	
Name: Farmland Industries, Inc.	
Address: P O Box 7305, Department 141	
City: Kansas City States Missauri	7' 64115 666
	Zip: <u>64116-0005</u>
	tic System at Facility)
Phone: (816) 459-3880  SEPTIC SYSTEM INFORMATION (Complete this section for each Septiment of the section fo	tic System at Facility)  and depth xfcet)  DW WELL   ans: 500)
Phone: (816) 459-3880  SEPTIC SYSTEM INFORMATION (Complete this section for each Septiment of the section fo	tic System at Facility)  and depth xfeet)  DW WELL   ans: 500)  gallons:)
Phone: (816) 459-3880  SEPTIC SYSTEM INFORMATION (Complete this section for each Septiment of the section of the sect	tic System at Facility)  and depth xfact)  DW WELL   ans: 500)  gallons:)
Phone: (816) 459-3880  SEPTIC SYSTEM INFORMATION (Complete this section for each Septiment of the section fo	tic System at Facility)  and depth xfeet)  DW WELL   ns: 500)  gallons:)
Phone: (816) 459-3880  SEPTIC SYSTEM INFORMATION (Complete this section for each Septiment of the section of the sect	tic System at Facility)  and depth xfeet)  DW WELL   ans: 500)  gallons:)  ED   Section:
Phone: (816) 459-3880  SEPTIC SYSTEM INFORMATION (Complete this section for each Septiment of the section fo	tic System at Facility)  and depth xfeet)  DW WELL   ans: 500
SEPTIC SYSTEM INFORMATION (Complete this section for each Seption of the section of	tic System at Facility)  and depth xfeet)  DW WELL   ans: 500      )  gallons:)  ED   Section:

### FLOOR DRAINS

Does the facility have any floor drains? YES M NO If yes, are any floor drains connected to the
septic tank system? YES O NO EK If yes, list the types of materials that may enter the floor drains:
FACILITY WATER SUPPLY
Municipal/Public/Rural: YES □ NO ☑ Private: YES ☑ NO □ (if yes please answer the following)
Is the water supply well at the facility used for human consumption: YES™ NO □
Is the well protected with a backflow prevention device: YES □ NO ゼ
Signature: Bruce Boon FOR LOY PAKED Date: DEC 10, 1993
Owner  Operator   Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator   Operator   Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operator  Operat

### **FACILITY INFORMATION**

Facility Name: Neal North Site Septic System Leach Field

**Contact Name:** Doug Haiston

**Address:** PoRoute Neal Industrial Road

City: Sergeant Bluff

State: IA

**Zip:** 51054

**Phone:** (712)277-6345

#### **OWNER INFORMATION**

**Company Name:** MidAmerican Energy

Contact Name: Unknown

**Address:** 666 Grand Avenue

City: Des Moines

State: IA

**Zip:** 50303

**Phone:** (712)277-634

Ownership: Private- Business or other for-profits

, IA
, IA
, IA
,

#5193110016

FACILITY INFORMATION (Complete a separate form f	or each Facility that has an Injec	ction Well)
Facility Name: Neal North Site Septic System	Leach Field	KITATI TIME
Facility Contact:Doug Haiston	Title: Chemist	
Address: Port Neal Industrial Road		
City: Sergeant Bluff	State: IA	Zip: _51054
County: Woodbury	Phone: (712) 277-6345	
Number of Employee's (full and part time): 100		
EPA Identification Number(s):IAD000678045, IAO	0004103	
IDNR Identification Number(s): 9700102, 9778105		
FACILITY OWNER INFORMATION (If different than Fa	cility Information)	
Name: MidAmerican Energy		
Address: 666 Grand Avenue, P.O. Box 657		
City: Des Moines	State: IA	7in: 50303
Phone: (712) 277-6345	Olate	Zip: <u>50303</u>
INJECTION WELL INFORMATION (Complete this sect		
Well Type: CESSPOOL DRAINAGE WELL DRY V	WELL O HEAT PUMP RETURN	FLOW WELL
SEPTIC SYSTEMXX (tank size in gallons: 6200 )		
OTHER © (please describe:	*	)
Well Status: PHOPOSED LI ACTIVE LA ABANDONED	LI PLUGGED LI	
Approximate Date Installed: 1974 If Plugged or Ab		
Well Location: Township: T87N Range: R48W		n:25
Latitude: 42°, 19'27" Longitud		
Depth of Well (In Feet): 6.33' Injection Forma		18.
Nature of Injected Fluid(s): Septic Tank Water C	Overflow	<u> </u>
Has any chemical analysis been done on the injectate? results)	YES ☐ NO ☐ (if yes please at	tach copies of the
FACILITY WATER SUPPLY		
Municipal / Public / Rural: YES ☑ NO ☐ Private: YE	S $\square$ NO $\boxtimes$ (if yes, answer the fo	llowing questions)
Is the water supply well at the facility used for human co	nsumption: YES 🖾 NO 🖵	
Is the well protected with a backflow prevention devices;	YES XNO Q	
1 2/1/		
Signature:	Date:7/23/98	
Owner Operator 3		

FACILITY INFORMATION (Complete a separate form	for each Facility that has	an Injection Well)
Facility Name: Neal North Coal Handling Se	ptic System	
Facility Contact: Doug Haiston	Title: Che	emist
Address: Port Neal Industrial Road		
City: Sergeant Bluff	State: IA	Zip: 51054
County: Woodbury	Phone: (712) 277-63	345
Number of Employee's (full and part time): 100		
EPA Identification Number(s):IAD000678045,	IA0004103	
IDNR Identification Number(s): 9700102, 977810	5	
FACILITY OWNER INFORMATION (If different than F	acility Information)	
Name: MidAmerican Energy		
Address: 666 Grand Avenue, P.O. Box 657		
City: Des Moines	State:IA	Zip: 50303
Phone:(712)277-6345		
INJECTION WELL INFORMATION (Complete this see	ction for each Injection We	ell at Facility)
Well Type: CESSPOOL DRAINAGE WELL DRY		•
SEPTIC SYSTEM (tank size in gallons: 2000		
OTHER © (please describe:		)
Well Status: PROPOSED C ACTIVE & ABANDONE		/
Approximate Date Installed: 1970 If Plugged or A	2. 2. 3.	
Well Location: Township: Range:	Section: 1/4	
Latitude: Longitu	de:	
Depth of Well (In Feet): 8' Injection Form	nation:	
Nature of Injected Fluid(s): Septic Tank Water		
***		1 =
Has any chemical analysis been done on the injectate results)	? YES ☐ NO ☒ (if yes pl	lease attach copies of the
FACILITY WATER SUPPLY		
Municipal / Public / Rural: YES ☑ NO ☐ Private: Y	ES 🖸 NO 🔯 (if yes, answe	er the following questions)
Is the water supply well at the facility used for human of	onsumption: YES 🍱 NO 🕻	ם
Is the well protected with a backflow prevention device	YES 🖾 NO 🖸	
Signature:	Date:7/23/	98
Owner Operator		

JAS 193

FACILITY INFORMATION (Complete a separate form for	or each Facilit	y that has an Injecti	on Well)
Facility Name: Neal North Guard Shack Septi	c System		
Facility Contact: Doug Haiston		Title: Chemist	
Address: Port Neal Industrial Road			
City: Sergeant Bluff	State: IA		Zip: 51054
County: Woodbury	Phone: _(71	2) 277-6345	
Number of Employee's (full and part time): 100			
EPA Identification Number(s): IDD000678045, IA000	04103		
IDNR Identification Number(s): 9700102, 9778105			
FACILITY OWNER INFORMATION (If different than Fa	cility Informati	on)	
Name: MidAmerican Energy			
Address: 666 Grand Avenue, P.O. Box 657		S-11	
City:Des Moines			Zip: 50303
Phone: (712)277-6345			
INJECTION WELL INFORMATION (Complete this sect	ion for each Ir	niection Well at Eaci	llity).
Well Type: CESSPOOL □ DRAINAGE WELL □ DRY W			
SEPTIC SYSTEM (tank size in gallons: 1000 )	VELL & HEA	TOWN TIETOTHE	LOW WELL G
OTHER 🗆 (please describe:			١
Well Status: PROPOSED ☐ ACTIVE ☑ ABANDONED		13	/
Approximate Date Installed: 1995 If Plugged or Ab			
Well Location: Township: Range:	Section:	1/4 Section:	
Latitude: Longitud	e:		
Depth of Well (In Feet): 8' Injection Forma	ation: Sand	<b>5</b> )	
Nature of Injected Fluid(s): Septic Tank Water Ox			50
		**	
			•
Has any chemical analysis been done on the injectate? results)	YES D NO	$\Omega$ (if yes please atta	ach copies of the
FACILITY WATER SUPPLY			
Municipal / Public / Rural: YES ☑ NO ☐ Private: YE	S 🖸 NO 🔯 (if	yes, answer the foll	owing questions)
Is the water supply well at the facility used for human co	nsumption: YE	ES 🖾 NO 🗀	
Is the well protected with a backflow prevention device;	YES 🖸 NO 🔾		
Signature:	Date	e:7/23/98	
Owner Operator			

### **NEAL NORTH SEPTIC SYSTEMS**

### **Neal 3 Main System Information:**

100 persons
50 gallons
5000 gallons
208 gallons
6200 gallons
28 hours
1078.83
1070.67
1077.00
6.33

### **Guard Shack System:**

Assumed Load	1 persons
Sewage/Capita/Day	50 gallons
Sewage/Day	50 gallons
Sewage/Hour (24 hour day)	2 gallons
Septic Tank Capacity	1000 gallons
Retention Time	20 days
Septic Tank Top Elevation	1074
Septic Tank Bottom Elevation	1070
Grade Elevation	1078
Depth Below Grade (Tank Bottom)	8

### **Coal Handling System**

Assumed Load	9 persons
Sewage/Capita/Day	50 gallons
Sewage/Day	450 gallons
Sewage/Hour (24 hour day)	19 gallons
Septic Tank Capacity	2000 gallons
Retention Time	44 hours
Septic Tank Top Elevation	1074
Septic Tank Bottom Elevation	1070
Grade Elevation	1078
Depth Below Grade (Tank Bottom)	8

**FACILITY INFORMATION** 

Facility Name: Midamerican Energy - Neal South

**Contact Name:** Jim Gilbert

Address: 2761 PoRoute Neal Circle

City: Sioux City

State: IA

**Zip:** 51110

**Phone:** (712)277-5252

**OWNER INFORMATION** 

**Company Name:** MidAmerican Energy - Neal South

**Contact Name:** Jim Gilbert

**Address:** 2761 Port Neal Circle

City: Sioux City

State: IA

**Zip:** 51110

**Phone:** (712)277-525

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION		TOTAL DEPTH	COUNTY
7291	11	AC	T87N, R47W,	Section 31,	3	Woodbury, IA

Facility Name: MidAmerican Energy Facility Contact: Jim Gilbert	Neal South  Title: Chemist
Address: 2761 Port Neal Circle	Title:
City: Sioux City	Cara TA - 51110
County: Woodbury	
Number of Employee's (full and part time): 90	Phone: (712) 277-5252
EPA Identification Number(s): N/A	
IDNR Identification Number(s): N/A	
FACILITY OWNER INFORMATION (If differen	
Name:	
Addroom	1. Say State of the Control of the C
City:	State: Zip:
Phone: Ph	period of the contract of the
	e this section for each Injection Well at Facility)
	DRY WELL O HEAT PUMP RETURN FLOW WELL
	()
[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	ge treatment system drains into underground
Well Status: PROPOSED C ACTIVEX ABAI	
Approximate Date Installed: 1979 If Plug	
	47W Section: 31 1/4 Section:
	sengitude: 96 deg. 21 min. 41 sec.
Depth of Well (In Feet): 12 Inject	
Nature of Injected Fluid(s): Treated sanit	
2. The Label of Reservations at Equilibrium 1. The control of t	A Shallow and a second distance and a second
The Manager of the first of the state of the	Commence .
Has any chemical analysis been done on the i	injectate? YES ☐ NO ☐ (if yes please attach copies of t
FACILITY WATER SUPPLY	なる。 数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数数
Municipal / Public / Rural: YES 🗆 NO 🔾 P	rivate: YES 🗖 NO 🔯 (if yes, answer the following question
Is the water supply well at the facility used for	
Is the well protected with a backflow prevention	on device: YES □ NO√⊠
	or Rad Hefrer
Signature: Month Shaland	Date: 10-5-98
Owner Operator O	
OMB No. 2040-0042	

**FACILITY INFORMATION** 

Facility Name: WinnaVegas Casion Gas Station

Contact Name: unknown

**Address:** 1500 330th St

City: Sloan State: IA Zip: 50155

**Phone:** (712)428-9466

**OWNER INFORMATION** 

Company Name: WinnaVegas Casion Gas Station

Contact Name: unknown

**Address:** 1500 330th St

City: Sloan State: IA Zip: 50155

**Phone:** (712)428-946

Ownership: Other- Tribal government

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION		TOTAL DEPTH	COUNTY
7327	32	AC	T86N, R46W,	Section,	3	Woodbury, 383
7328	32	AC	T86N, R46W,	Section,	3	Woodbury, 383

### **FACILITY INFORMATION**

Facility Name: Former Hwy 75 Truck Stop

Contact Name: Linda J. Watts

Address: 3104 Hwy 75 North

City: Sioux City

**Phone:** 605-335-5512

#### 335-5512

### **OWNER INFORMATION**

**Company Name:** GeoTek Engineering & Testing Services, Inc.

**Contact Name:** 

**Address:** 909 East 50th Street North

City: Sioux Falls

State: SD

State: IA

**Zip:** 57104

**Zip:** 51105

**Phone:** 605-335-5512

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION			TOTAL DEPTH	COUNTY
8989	26	AC	T89N, R47W,	Section 14,	SW	30	Woodbury, IA
8990	26	AC	T89N, R47W,	Section 14,	SW	30	Woodbury, IA
8991	26	AC	T89N, R47W,	Section 14,	SW	30	Woodbury, IA
8992	26	AC	T89N, R47W,	Section 14,	SW	30	Woodbury, IA
8993	26	AC	T89N, R47W,	Section 14,	SW	30	Woodbury, IA

### **FACILITY INFORMATION**

Facility Name: Former Williams Petroleum South Sioux City Site

**Contact Name:** Elyn Potter

Address: 3701 S. Lewis Boul

City: Sioux City

State: IA

**Zip:** 51106

**Phone:** 816-421-7766

### **OWNER INFORMATION**

Company Name: Leggette, Brashears & Graham, Inc

**Contact Name:** 

Address: 405 19th Avenue, Suite A2

City: North Kansas City

State: MO

**Zip:** 64116

**Phone:** 816-421-7766

Ownership: Private- Business or other for-profits

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION		TOTAL DEPTH	COUNTY
8994	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
8995	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
8996	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
8997	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
8998	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
8999	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9000	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9001	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9002	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9003	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9004	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9005	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9006	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9007	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9008	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9009	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9010	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9011	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9012	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9013	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9014	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
9015	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA

	9016	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9017	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9018	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9019	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9020	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9021	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9022	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9023	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9024	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9025	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9026	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9027	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9028	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9029	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9030	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
ŀ	9031	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9032	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9033	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9034	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
l	9035	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9036	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9037	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
l	9038	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9039	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9040	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9041	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
ŀ	9042	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9043	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9044	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9045	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9046	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9047	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9048	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9049	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
ĺ	9050	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9051	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9052	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9053	26	AC ,	T88N, R48W,	Section 13,	20	Woodbury, IA
	9054	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9055	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9056	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9057	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9058	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9059	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9060	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA

	9061	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9062	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9063	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9064	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9065	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9066	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9067	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9068	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9069	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
1	9070	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9071	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
ı	9072	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
ı	9073	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9074	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9075	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
l	9076	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9077	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
1	9078	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9079	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9080	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9081	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9082	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9083	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9084	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9085	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9086	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9087	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9088	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA
	9089	26	AC	T88N, R48W,	Section 13,	20	Woodbury, IA